

7/97

## MEASLES INVESTIGATION REPORT

<b>Epidemiologic Information</b>	Date <b>FIRST REPORTED</b> to a health department ____/____/____ (M/D/Y)			*Outbreak Related? ____ Y N U	
	Date case investigation started ____/____/____ (M/D/Y)			*Epi-linked to another case? ____ Y N U	
<b>Patient Information</b>	Name (Last, First, MI)				Phone
	Address		City	County	Zip Code
Birth date ____/____/____ (M/D/Y)	Age ____ (Unk = 999)	Race ____ N Native American/Alaska Native    W White A Asian/Pacific Islander                O Other B African American                        U U.K.		Ethnicity ____ H Hispanic N Non Hispanic U Unknown	Sex ____ M Male F Female U Unknown
Date of Onset ____/____/____ (M/D/Y)	Date of report ____/____/____ (M/D/Y)	Indigenous ____ 1 Indigenous (acquired in USA reporting state) or Imported        2 International (acquired outside USA) 3 Out of State (acquired in USA outside reporting state) 9 nknown			Case Status ____ 1 Confirmed 2 *Probable 3 *Suspected 9 Unknown
<b>Vaccine History</b> Has case ever received measles-containing vaccine? ____ Y N U  Vaccination Date (Month/Day/Year)      (If month and year are known and exact date not known, enter <u>15</u> for day)  1. ____/____/____      Number of doses received prior to 1st birthday ____ 2. ____/____/____ 3. ____/____/____      Number of doses after 1st birthday ____ 4. ____/____/____  If not vaccinated, what was the reason ____ 1 Religious exemption                      4 Laboratory evidence of previous disease                      7 Parental refusal 2 Medical contraindication                5 MD diagnosis of previous disease                                      8 Other 3 Philosophical exemption                  6 Underage for vaccination    9 Unknown  If vaccinated before first birthday, but no doses given after 1st birthday, what was the reason? ____ (use reasons above) If received one dose after first birthday, but never received second dose after 1st birthday, what was reason? ____ (use reasons above; use 6 if patient is below age for required 2nd dose)					
<b>Clinical Data</b> (Y=yes, N=no, U=unk)		Rash ____ Y N U	Rash onset ____/____/____ (M/D/Y)	Rash duration ____ (Days) (99 = unknown)	Rash generalized ____ Y N U
Fever ____ Y N U	If recorded, highest measured temperature ____		Cough ____ Y N U	Coryza ____ Y N U Conjunctivitis ____ Y N U	
<b>Complications</b>	Otitis ____ Y N U Diarrhea ____ Y N U Pneumonia ____ Y N U Encephalitis ____ Y N U Thrombocytopenia ____ Y N U *Death ____ Y N U		Other complications ____ Y N U If other complications, specify ____		
			*Hospitalized ____ Y N U Days hospitalized ____ (days)		
<b>Laboratory</b>	Date Specimen Taken		*Results <b>IgG</b> ____		<b>IgM</b> ____
	Was laboratory testing for measles done? ____ Y N U	IgM specimen ____/____/____ Titer Result ____ IgG specimen ____/____/____ (Acute) Titer Result ____ IgG specimen ____/____/____ (Conv) Titer Result ____ Other Laboratory result ____ (use IgM coding scheme) Specify other laboratory method ____  Was case <b>laboratory confirmed</b> ? ____ Y N U	<u>*IgG Results</u> P Significant rise in IgG (conval) N No significant rise in IgG(conval) I Indeterminant E Pending X Not done		<u>*IgM Results</u> P Positive N Negative I Indeterminant E Pending X Not Done U Unknown

Transmission setting \_\_\_\_\_ (Where did the case acquire measles?)

- |                              |             |                          |
|------------------------------|-------------|--------------------------|
| 1 Day care                   | 7 Home      | 12 Correctional facility |
| 2 School                     | 8 Work      | 13 Church                |
| 3 Doctor's office            | 9 Unknown   | 14 International travel  |
| 4 Hospital ward              | 10 College  | 15 Other                 |
| 5 Hospital ER                | 11 Military |                          |
| 6 Hospital outpatient clinic |             |                          |

Specify exact name/location of setting \_\_\_\_\_

If transmission setting not among those listed and known, what was the transmission setting? \_\_\_\_\_

Is case traceable within two generations to an international importation? \_\_\_\_\_ Y N U

\*Source of exposure for current case \_\_\_\_\_ Enter State ID if source was an in-state case

Enter State if source was out-of-state

Enter Country if source was out-of-USA

**Contact Information (for state/local health department use)**

Name	D.O.B	Address	Phone#	Dates of Exposure
1. _____	____/____/____	_____	_____	_____
2. _____	____/____/____	_____	_____	_____
3. _____	____/____/____	_____	_____	_____
4. _____	____/____/____	_____	_____	_____
5. _____	____/____/____	_____	_____	_____
6. _____	____/____/____	_____	_____	_____

(This information applies to contacts listed above)

History of Vaccine			Documented Hx		Control Measure		Date	Unable to locate	Comments
Yes	Date	No	of disease						
1. <input type="checkbox"/>	( )	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Vacc.	<input type="checkbox"/> G.G (	)	<input type="checkbox"/>	_____
2. <input type="checkbox"/>	( )	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Vacc.	<input type="checkbox"/> G.G (	)	<input type="checkbox"/>	_____
3. <input type="checkbox"/>	( )	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Vacc.	<input type="checkbox"/> G.G (	)	<input type="checkbox"/>	_____
4. <input type="checkbox"/>	( )	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Vacc.	<input type="checkbox"/> G.G (	)	<input type="checkbox"/>	_____
5. <input type="checkbox"/>	( )	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Vacc.	<input type="checkbox"/> G.G (	)	<input type="checkbox"/>	_____
6. <input type="checkbox"/>	( )	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Vacc.	<input type="checkbox"/> G.G (	)	<input type="checkbox"/>	_____

Was immediate neighborhood investigated? ☐ Yes ☐ No If no, why not? \_\_\_\_\_

Were any suspect measles cases identified in the neighborhood? ☐ Yes ☐ No

Traveled or attended gathering 2 weeks prior to rash onset? ☐ Yes ☐ No If yes, where \_\_\_\_\_ when \_\_\_\_\_

Attended school or day care 2 weeks prior to rash onset? ☐ Yes ☐ No If yes, where \_\_\_\_\_ when \_\_\_\_\_

Did you call surrounding schools/day cares to alert them and find other suspects? ☐ Yes ☐ No

If measles is ruled out, what is probable DX? \_\_\_\_\_

**\*Notes**

Age	Age of patient at rash onset in no. of years, months, weeks, or days.
Measles Outbreak	≥ 3 cases (at least one laboratory-confirmed) clustered in space and time.
Hospitalized	Hospitalized due to measles.
Death	If patient died from measles, verification with the physician is recommended.
Source of Exposure	A source case must be either a confirmed or probable case and have had face to face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before rash onset of the new case, and between 4 days before rash onset and 7 days after rash of the source case.
Epi-Linked	An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face to face contact. For same generation cases that are epi-linked a common exposure is likely.
Probable	A probable case meets the measles case definition of generalized maculopapular rash lasting 3 day, with fever >38.3°C (101°F); and cough, coryza, or conjunctivitis.
Suspected	A suspect case is any rash illness with fever.